Name in Full alice aydelotte

Certificate of Death

Died at Town Near Pocomoke City County Worcester MARYLAND

Date 1899 Month Jan Day 14 | Age Y. M. D. 3 years | Native of America | Occupation Child

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of Child

Father's Name John L. Aydelotte

Mother's Name Libbie L. Aydelotte

Cause of Death: Primary Capillary Bronchitis

Immediate 71

How long sick 6 days

Accident, Suicide, Homicide

Reported by C. F. Hosgis

Address Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner_____

of_____

Attended by Dr._____

of_____

Information contained in this certificate was received from_____

of_____

Name in Full Annie Baker

Certificate of Death

Died at Saint Martin (Town) Worcester (County) MARYLAND

Date 1899 Jan 9 (Month Day) Age 98 (Y. M. D.) Native of Maryland Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 — How long sick one week

Immediate — Accident, Suicide, Homicide

Reported by Curtis J. Evans

Address undertaker Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

t1/21/0t/0

Attended by Dr. No Ser in attendance

Seen by Coroner _____

of _____

Information contained in this certificate received from Arbay Mitchell

of Berlin Md

CJE no 12

Name in Full

Certificate of Death

Mrs James Birch

Town

Died at near Berlin

County

Worcester

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	29	about 46			Maryland	Housewife

Date 1899

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

~~Divorced~~

Number of children living 5

~~Husband~~ / Wife of James Birch

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe 9

How long sick: 10 days

Immediate: Broncho-Pneumonia

Accident, Suicide, Homicide

Reported by Edwin L Dennison M.D

Address Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PHILA.

C. S. E

nw
15

Name in Full Isaac Riddell

Certificate of Death

Died at Town Berlin, County Worcester MARYLAND

Date 189 Month June Day 9 | Age Y. abt-67 M. D. | Native of Md | Occupation Laborer

Mele ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife Amy Riddell

Father's Name —— Mother's Name ——

Ceuse of Death: Primary Paralysis 44 — How long sick 1 Week

Immediete — Accident, Suicide, Homicide

Reported by Amy Riddell

Address Berlin Worcester Co

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. John L Hammond

of Berlin Md

~~Seen by Coroner~~ A D L E Winn

of Berlin Md

Information contained in this certificate

ceived from Amy V Bridell

of Berlin Md

Name in Full — Certificate of Death

Lemuel Coffin

Town — County

Died at near Ocean City — Worcester — MARYLAND

Date 189	Month Day	Age Y. M. D.	Native of	Occupation
	Jan. 27	34.	Maryland	Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Sadie Riley Coffin

Father's Name Isaac Coffin

Mother's Name Maria Coffin

Cause of Death — Primary: Nervous Excitement — How long sick 4 weeks

Immediate: Cerebro Spinal Meningitis — ~~Accident, Suicide, Homicide~~

Reported by Ed Holland 39a

Address Berlin.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Attended by Dr. E Holland

of Berlin

Information contained in this certificate received from Fannie

of Sen Coffin.

Name in Full

Certificate of Death

Dirrickson
Infant Child (Nameless)

Died at Town Synekyent Stn County Worcester MARYLAND

Date 1899 Month 11 Day 28 | Age Y. 0 M. 0 D. 10 | Native of Md | Occupation Nursing

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~ 1

Husband ~~Wife~~ of

Father's Name ~~Edward Dirr~~ Edward Dirrickson

Mother's ~~Name~~ Felissia Dirrickson

Cause of Death: Primary Filth 140 — How long sick 4 days

Immediate Tetanus neonatorum — ~~Accident, Suicide, Homicide~~

Reported by E Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. E Holland

of Berlin Md

Information contained in this certificate received from Hammond

of Poliet

Name in Full | Certificate of Death

Amanda Dix

Died at Town: Pocomoke city County: Worcester MARYLAND

Date 1899 Month: Jan Day: 4 Age Y. M. D.: 37 Native of: Occupation: Housewife

~~Male~~ ~~White~~ Married: Yes ~~Widow~~ ~~Divorced~~

Female: Yes Colored ~~Single~~ ~~Widower~~ Number of children living: one

Husband / Wife of: Ernest Dix

Father's Name: Harry Merrill Mother's Name: Piggy Merrill

Cause of Death: Primary: Typhoid Malarial Fever How long sick: 3 months

Immediate: Diphtheria & Exhaustion Accident, Suicide, Homicide

Reported by: S. S. Quinn M D

Address: Pocomoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Henry Dryden

Certificate of Death

Died at Town Pocomoke City County Wrester MARYLAND

Date 1899 Month 1 Day — Age Y. about M. 77 D. Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 7

Husband of Wife Dont Know

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary General debility 153 How long sick 2 weeks

Immediate Saw him about 10 days before death Accident, Suicide, Homicide

Reported by C. F. Hasgin OVER

Address Pocomoke City Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Seen by Coroner_____

of_____

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

John Franklin

Died at Town: Berlin County: Worcester MARYLAND

Date 1899 Month: Jan Day: 10 | Age Y. 65 M. D. | Native of Md, | Occupation

Male ~~Female~~ | Colored ~~White~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary cold | How long sick one week

Immediate Pneumonia 72 | Accident, Suicide, Homicide

Reported by Dr. J. Hammond

Address Berlin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. John T. Hammond

of Berlin Md

Seen by Coroner

of

...rmation contained in this certificate re-
ceived from George F. Taylor

of Berlin Md

C.J.E
mc
13

Name in Full | Certificate of Death

Frank Henderson

Died at Town: Pownoke County: Worcester MARYLAND

Date 1899 Month: Jan Day: / Age Y. M. D. / Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: A. S Henderson Mother's Name: M. E Henderson

Cause of Death: Primary: Premature Birth How long sick

Immediate: 138 Accident, Suicide, Homicide

Reported by: Father A S Henderson

Address: Pownoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner _____

of _____

Attended by Dr. No Doctor attended

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Thos. Holloway

Died near Bishopville Town Worcester County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	6	Age 65				

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 — How long sick

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by Advocate 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Infant of Honey 161

Died at Town Nea Pawmoke County Worcester MARYLAND

Date 1899 Month Jan Day 20 | Age Y. M. D. 1 | Netive of Maryland | Occupation

Mele White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Neme Will Honey

Mother's Neme Dont Know

Ceuse of Deeth

Primary Dont Know

Immediete 161

How long sick

Accident, Suicide, Homicide

Reported by Stevenson & Bw

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

James H. Sanding

Town

County

Died at Pocomoke City Worcester MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	3	Age 5	9	11	2	America Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 8

Husband / Wife of Sallie Sanding

Father's Name James Sanding

Mother's Name Sallie A. Sanding

Cause of Death — Primary Pneumonia 72 — How long sick about 1 week

Immediate Suffocation — Accident, Suicide, Homicide

Reported by C. F. Hurgis

Address Pocomoke City Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Seen by Coroner.....

of.....

Attended by Dr.....

of.....

Information contained in this certificate received from.....

of.....

Name in Full

Certificate of Death

Samuel F. McAllen

Died at Town: Iron Hill County: Worcester MARYLAND

Date 1899 Month: 1 Day: 10 Age Y.: 71 M.: 3 D.: 20 Native of: Md Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Elizabeth McAllen

Father's Name Arthur McAllen Mother's Name Nancy McAllen

Cause of Death: Primary — How long sick 4 days.

Immediate Apoplexy 42 Accident, ~~Suicide~~, ~~Homicide~~

Reported by W. D. Tharp Iron Hill Md.

Address Iron Hill. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B5068

Name in Full

Margaret Muller

Certificate of Death

Died at Town Union Mills County Worcester MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	23	70				

Date 1899

Age

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

~~Husband~~ Wife of Frederick A. Muller

Number of children living 1

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Advocate 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name in Full Fred Pastley

Certificate of Death

Died at Town near Berlin County Worcester MARYLAND

Date 1899 Month 1 Day 7 Age Y. 2 M. 2 D. years Native of Maryland Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife — — 229 — —

Father's Name Stephen Pastley Mother's Name Annie Pastley

Cause of Death Primary Tubercular Consumption How long sick 6 months

Immediate & hauston ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Edwin J. Dickson

Address Berlin Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. E. J. Dickson

of Berlin Md

Seen by Coroner

of

Information contained in this certificate received from William Portley

of near Berlin Md

CJE
no
11

Name in Full Major N. Phillips

Certificate of Death

Died at Town Newark County Wor MARYLAND

Date 1899 (Month Day) Jan 6 Age Y. M. D. about 73 Native of Md Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Mary Phillips

Father's Name Isaac Phillips Mother's Name Elizabeth Phillips

Cause of Death Primary 57 How long sick 2 weeks

Immediate Heart-disease ~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Job Pitts

Certificate of Death

Died at — Town: Near Berlin — County: Worcester — MARYLAND

Date 1899 — Month: January — Day: Saturday 14 — Age: Y. 58. M. D. — Native of: Md — Occupation: Farmer

Male — ~~White~~ — Married — ~~Widow~~ — Divorced

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 8

Husband of Wife

Father's Name — Mother's Name

Cause of Death — Primary: Grippe 9 — How long sick: about one week

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: Dr John L. Hammond

Address: Berlin Worcester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. John L. Hammond

of Berlin Md,

Seen by Coroner

of

Information contained in this certificate received from

of

C. J E nur 14

Name in Full Mary J Pollitt

Certificate of Death

Died at Town Snow Hill County Wor MARYLAND

Date 1899 Month Jan Day 10 Age Y. 6 M. 12 D. Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Wm. F. Pollitt Mother's Name Florence Pollitt

Cause of Death Primary 22 a How long sick 6 months

Immediate Consumption ~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs Sarah Pannell

Town

Died at Snow Hill

County

Worcester

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 Jan 8 Age 49 3 6 Md

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Edwin L. Pannell

Father's Name Geo. R. Farlow

Mother's Name Clarasa Farlow

Cause of Death: Primary 161

How long sick 18 months

Immediate

Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Redden

Died at Town Bethuden About 7 Miles of Pocomoke city Worcester Co County MARYLAND

Date 1899 Month Jan Day 21 | Age Y. 86 M. D. | Native of Maryland | Occupation House Wife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ of Wife Isaac Redden

Father's Name Jas Mason

Mother's Name Rebecca Mason

Cause of Death: Primary Lagrip 9 | How long sick 2 or 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by Stevenson & Bro

Address Pocomoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Attended by Dr. Bennum 4 - Replied
of Stocton Did not attend her

Seen by Coroner _____

of _____

Information contained in this certificate
ceived from _____

of _____

Name in Full Clarasa A Ritchie

Certificate of Death

Died at Town Snow Hill County Wor MARYLAND

Date 1899 Month Jan Day 10 Age Y. 56 M. 9 D. 26 Native of Md ~~Occupation~~

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Jno. Ritchie

Father's Name Joseph Young Mother's Name Tabitha Young

Cause of Death Primary 22 a How long sick 12 Months

Immediate Consumption ~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Frank Russell

Certificate of Death

Died at Town Snow Hill, County Worcester MARYLAND

Date 1899 Month 1 Day 3 Age Y. 53 M. 7 D. Native of Md Occupation Painter

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband ~~Wife~~ of Mrs. Lizzie Russell

Father's Name Daniel Russell Mother's Name Elizabeth Russell.

Cause of Death Primary 97

Immediate Bright Disease

How long sick 3 yrs.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. D. Shaughn. M.D.

Address Snow Hill. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs. Denny Timmons

Died at Town: Near Long Ridge County: Worcester MARYLAND

Date 1899 Month: Jan. Day: 14 Age Y. 80 M. D. Native of Worcester Co. Occupation: Housekeeper

~~Male~~ White ~~Married~~ widow ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Gadock Ennis Mother's Name: Elizabeth Ennis

Cause of Death: Primary: Dont know 161 How long sick

Immediate: Dont know Accident, Suicide, Homicide

Reported by: Geo. C. Hill Undertaker

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Caroline Vincent

Certificate of Death

Died at Town County Worcester MARYLAND

Date 1899 Month Jan. Day 30. Age Y. 63 M. — D. Native of Worcester Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 11

Husband of Wife John H. Vincent

57

Father's Name Irvin Pollitt Mother's Name Heart

Cause of Death Primary ~~Organic~~ Chronic Valvular disease of How long sick 10 days

Immediate Uraemia & heart failure ~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968